

CR NUMBER 22-7456	ACCIDENT DATE 09/11/22	ACCIDENT TIME 1138	DAY OF WEEK WED	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 121 E COLLEGE ST			WEATHER NO ADVERSE	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS	ADDRESS			
CITY, STATE, ZIP	PHONE NUMBER		CITY, STATE, ZIP	
DRIVER'S LICENSE NUMBER		STATE	DRIVER'S LICENSE NUMBER	
STATE			STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE MEIKER JEFFREY A	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS 18115 E PARK DR	ADDRESS			
CITY, STATE ZIP CLEVELAND OH 44119	PHONE NUMBER		CITY, STATE, ZIP	
VEHICLE YEAR MAKE MODEL COLOR 12 MAZDA BLUE	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE HGF7566 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY TRAUCLENS	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT SIDE	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED UNIT 1 WAS PARKED AT 121 E COLLEGE ST. UNKNOWN UNIT STRUCK THE LEFT SIDE OF UNIT 1.				
OFFICER /SUPERVISOR SIGNATURE DANNAIT #226 <i>[Signature]</i>				
SKETCH HOW ACCIDENT OCCURRED 				INDICATE NORTH BY ARROW